

**Interim Designation of Agent to Receive Notification  
of Claimed Infringement**

**Full Legal Name of Service Provider:** National Partnership  
for Women & Families

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** \_\_\_\_\_

**Address of Service Provider:** www.nationalpartnership.org // 1875 Connecticut Ave., NW  
Ste 710  
Washington, DC 20009

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Margaret Sotham

**Full Address of Designated Agent to which Notification Should be Sent** (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):  
1875 Connecticut Ave., NW, Suite 710, Washington, DC 20009

**Telephone Number of Designated Agent:** 202-986-2600

**Facsimile Number of Designated Agent:** 202-986-2539

**Email Address of Designated Agent:** MSotham@nationalpartnership.org

**Signature of Officer or Representative of the Designating Service Provider:**

**Date:** 2/25/99

**Typed or Printed Name and Title:** MARGARET P. SOTHAM  
Press Secretary

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee  
Made Payable to the Register of Copyrights.**

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